

VA/DoD Clinical Practice Guideline for Ischemic Heart Disease (IHD)

ACUTE MYOCARDIAL INFARCTION (ST-SEGMENT ELEVATION MI) - MODULE A

For patients who meet criteria for **emergent reperfusion therapy**

- Admit to an intensive care unit or transfer to facility with interventional cardiology for emergent reperfusion as indicated
- Initiate heparin, low-molecular weight heparin, or coumadin, if indicated
- Initiate IV beta-blocker followed by oral
- Initiate ACE inhibitor therapy in the absence of contraindications

If less than 12 hours from onset of symptoms:

- ◊ **Refer to PCI if intervention can be performed within 90 minutes of presentation**
- ◊ **Initiate thrombolytic therapy if not contraindicated and not referred for direct PCI**
- ◊ **Refer to PCI if thrombolytic therapy is contraindicated or response to thrombolysis is unsatisfactory.**
- Consider non-invasive evaluation (cardiac stress test).
- Refer to cardiology if at high-risk for death or recurrent MI and/or LV dysfunction
- Ensure pharmacological therapy for ischemia, angina, and CHF
- Discharge patient to home with appropriate follow-up

VA access to full guideline: <http://www.oqp.med.va.gov/cpg/cpg.htm>

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DoD access to full guideline: <http://www.QMO.amedd.army.mil>

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INITIAL EVALUATION - MODULE CORE

- Triage patients with possible acute MI or unstable angina for evaluation and treatment
- Initiate O₂, intravenous access and continuous ECG monitoring
- Institute advanced cardiac life support (ACLS), if indicated
- Obtain 12-lead electrocardiogram (ECG)
- Perform expedited history & physical to:
 - R/O alternative catastrophic diagnoses (Pericarditis, Pericardial tamponade, Thoracic aortic dissection, Pneumothorax, Pancreatitis, & Pulmonary embolus)
 - Elicit characteristics of MI
 - Contraindications to reperfusion therapy
- Administer the following:
 - Non-coated aspirin (160 to 325 mg).
 - Nitroglycerin (spray or tablet, followed by IV, if symptoms persist).
 - Beta-blockers in the absence of contraindications
 - Oral ACE-inhibitors in the absence of contraindications
 - Intravenous fractionated heparin if indicated
- Determine if patient meets criteria for emergent reperfusion therapy – if so, refer to interventional Cardiology:
 - Hx of ischemia or infarction
 - ECG finding of LBBB or ongoing ST-segment elevation in 2 or more leads
- Ensure adequate analgesia (morphine, if needed)
- Obtain serum cardiac markers (troponin or CK-MD)
- Identify and treat other conditions that may exacerbate symptoms